

BILLING TO ARIZONA STATE FORESTRY

2013

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INTRODUCTION

This instruction manual was designed to help make billing to State Forestry easier to understand. It is in the best interest of the State and the Departments for the bills to be easy to understand by the State personnel. Having a good relationship with your State representative is essential to make this process go as smoothly as possible. We need to remember that it is their job to insure that the bill is correct and all the proper procedures have been followed before they send the bill to their State office for payment.

MILITARY TIME

All times must be in Military Time. Below is a conversion table.

12 midnight	2400 or 0	12:00 pm	1200
1:00 am	0100	1:00 pm	1300
2:00 am	0200	2:00 pm	1400
3:00 am	0300	3:00 pm	1500
4:00 am	0400	4:00 pm	1600
5:00 am	0500	5:00 pm	1700
6:00 am	0600	6:00 pm	1800
7:00 am	0700	7:00 pm	1900
8:00 am	0800	8:00 pm	2000
9:00 am	0900	9:00 pm	2100
10:00 am	1000	10:00 pm	2200
11:00 am	1100	11:00 pm	2300

INVOICE

Below is a copy of the invoice to the State.

FIRE DEPT NAME					INVOICE NUMBER		INVOICE DATE	
ADDRESS								
CITY,TOWN ZIP CODE								
INCIDENT NAME			INCIDENT NUMBER			INCIDENT DATE		
RESPONDED TIME		DATE	RELEASED TIME		DATE	BACK IN SERVICE		DATE
EQUIPMENT								
RESOURCE	LICENSE	UNIT #	VEHICLE	UNIT WORKED	RATE PER	TOTAL		
ORDER#	NUMBER	(OR NAME)	TYPE	HRS/DAY/MI	UNIT	AMOUNT		
						\$0.00		
						\$0.00		
						\$0.00		
SUB-TOTAL EQUIPMENT						\$0.00		
PERSONNEL								
RESOURCE	PERSONNEL		PERSONNEL	HOURS	RATE PER	TOTAL		
ORDER#	NAME		TYPE	WORKED	HOURLY	AMOUNT		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
SUB-TOTAL PERSONNEL						\$ -		
SUPPLIES, TRAVEL, AND MISCELLANEOUS								
RESOURCE	ITEM			QUANTITY	RATE PER	TOTAL		
ORDER#					UNIT	AMOUNT		
				0	\$ -	\$ -		
				0	\$ -	\$ -		
				0	\$ -	\$ -		
SUB-TOTAL SUPPLIES & MISCELLANEOUS						\$ -		
GRAND TOTAL						\$0.00		
				PLEASE PAY THE TOTAL AMOUNT ABOVE				
NAME OF OFFICER SIGNING INVOICE								
TITLE OF OFFICER SIGNING INVOICE								

The information that must be on the invoice is:

- Department name and address
- Invoice Number
- Invoice Date
- Incident Name
- Incident Number – this must be the Arizona State number- if you don't have it call State Dispatch and they can give you the State number. Sometimes you can find this on the resource order- for example, see the section on getting organized.
- Respond time- in military time
- Respond Date
- Time back in service – military time
- Date back in service

EQUIPMENT

- Resource Order number- this can be found on the resource order- an example is in the getting organized section.
- License Number of equipment
- Unit # or Name of equipment
- Type of Vehicle
- Hours worked/days worked or mileage
- Rate
- Total Amount

PERSONNEL

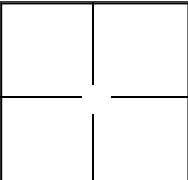
- Resource Order number- this can be found on the resource order- an example is in the getting organized section.
- Personnel name
- Personnel Type
- # hours worked (straight time and overtime need to be listed separately for each employee)
- Employee's rate per hour
- Total amount of pay

SUPPLIES, TRAVEL, AND MISCELLANEOUS

- This is where you will enter
 - Meal Reimbursements
 - Rental Vehicle charges
 - Fuel for rental vehicles
 - Plane tickets
 - Lodging reimbursement
 - Any other miscellaneous amounts
 - Fuel purchased on the fire can be entered here or under equipment as a deduction.

ARIZONA STATE FORESTER'S INDIVIDUAL WILDLAND FIRE REPORT

If your department responds an initial attack to a fire on state land in addition to getting a fire number and resource orders for your response, your personnel need to fill out the Arizona State Forester's Individual Wildland Fire Report. This report needs to be included with your billing documents. Below is a copy of the report.

ARIZONA STATE FORESTER'S INDIVIDUAL WILDLAND FIRE REPORT					
1. FIRE NUMBER:		12. AGENCY NAME		22. FIRE NAME	
		ASFD		BORDER	
2. DISTRICT: FLG		13. AGENCY No.: A2S		23. BI & STN:	
PHX=Phoenix					
TUC=Tucson					
FLG=Flagstaff					
3. COUNTY: MOHA		14. ACRES BURNED:		24. CONTRIBUTED COSTS	
Enter first four letters		STATE:			
i.e. Maricopa = MARI		PRIVATE:			
		FEDERAL:		25. AREA BURNED: C	
		COUNTY:		A. Commercial Forest	
		MUNICIPAL		B. Noncommercial Forest	
4. TOWNSHIP: 42 N		15. TOTAL: 0.00		C. Nonforest	
i.e. 01.0n, 23.0 S				D. Roadside	
		16. DATE STARTED:		26. FUEL TYPE BURNED: 4	
5. RANGE: 12 W				1. Grass	
(i.e. 01.0E, 10.0W)		17. DAY STARTED		2. Brush or Chaparral	
6. SECTION: 35		(Sun, Mon, Tue, Wed, Thu, Fri, Sat)		3. Pinyon-Juniper	
(i.e. 01 or 36)				4. Pine, Fir, Spruce	
7. SECT SUBDIVISION: NESW		18. TIME REPORTED DATE/HR		5. Unclassified Desert	
(i.e. NW,NW)				6. Other	
8. UTM NORTH:		18a. REPORTED BY:		27. SIZE CLASS: A	
UTM EAST:		CNF		A. 0.25 acres or less	
9. MAP OF FIRE:				B. 0.26 - 9 acres	
		19. INITIAL ATTACK DATE/HR		C. 10 - 99 acres	
		19a: CONTAINMENT DATE/HR		D. 100 - 299 acres	
		19b: CONTROL DATE/HR		E. 300 - 999 acres	
				F. 1000 - 4999 acres	
10. GENERAL CAUSE: 0		20. DECLARED OUT DATE/HR		G. 5000 or more acres	
1. Lightning				28. ACTION TAKEN: S	
2. Campfire				O. Observed	
3. Smoking		21. COOP EQUIP USED:		L. Limited	
4. Debris Burning		(Y=Yes or N=No)		S. Suppression	
5. Arson				29. FIRE STARTED BY: 0	
6. Equipment Use		Remarks: 		(see instructions for code)	
7. Railroad				30. STRUCTURES/IMPROVEMENTS	
8. Children				# and Type Threatened (list all)	
9. Miscellaneous				0 STRUCTURE	
0. Undetermined				# and Type Damaged (list all)	
11. SPECIFIC CAUSE:				0	
(see instructions)				# and Type Destroyed (list all)	
				0	
				31. EVACUATIONS	
				# Persons Evacuated: 0	
				# Hours Evacuated: 0	
Send Original Report to Fire Mgmt.					
		Signature		Title	
				Date	

PAY RATE FOR PERSONNEL

Employees are billed at the cost to the department. In order to come up with a rate to bill you need the employee's pay rate, any additional part of their salary such as paramedic pay, any insurance costs **paid by the department**, social security **if paid by department**, Medicare **paid by department**, unemployment tax, workmen's comp insurance, retirement- **the department's cost**, and short term/long term disability insurance **if paid by the department**.

Below is a spreadsheet that might help with the calculations. This will give you an hourly rate to charge. When figuring your overtime rate you need to remove the insurance payments **or any payments that are fixed monthly cost and not a percentage**. When you calculate the cost of workmen's comp insurance be sure to multiply by the e-mod rate and apply the discounts.

Volunteers can be billed at the Arizona State Forester's Emergency Pay Plan. You can find these rates at the Arizona State Forestry Website <http://www.azsf.az.gov/>. You can also charge for Social Security and Medicare if the department pays Social Security and Medicare for your volunteers.

A list of your personnel and the itemized associated cost must be sent to your State District Representative before the fire season. If there are any changes such as insurance rates and employee raises you will need to send a revised list.

LAST	FIRST		Medic	152.10 hrs	15.06% PSPRS 10.9% ASRS	1.45%	WORK	SS 6.2%	MED	DENT		HOURLY	Total w/o Insurance	ST Rate w/o Insurance	OT Rate w/o Insurance
NAME	NAME	SALARY	Pay	FLSA	PENSION	MEDICARE	COMP		INSUR.	INSUR.	Total	RATE			
Smith	Samuel	\$ 39,013.00	\$ 4,250.00	\$ 1,129.86	\$ 6,785.56	\$ 643.70	\$ 1,602.17		\$ 5,564.76	\$ 306.72	\$ 59,295.77	\$ 20.36	\$ 53,424.29	\$ 18.35	\$ 27.52
Jones	John	\$ 49,863.00		\$ 1,302.23	\$ 7,805.48	\$ 741.90	\$ 2,047.75		\$ 5,564.76	\$ 306.72	\$ 67,631.84	\$ 23.23	\$ 61,760.36	\$ 21.21	\$ 31.81
Wilson	Betty	\$ 43,012.00		\$ -	\$ 4,688.31	\$ 623.67	\$ 1,766.40	\$ 2,666.74	\$ 5,564.76	\$ 306.72	\$ 58,628.60	\$ 28.19	\$ 52,757.12	\$ 25.36	\$ 38.05
NOTES															
1. In this case the medic pay and FLSA are part of their regular pay. If your department pays medic pay quarterly or every six months it can't be added in as part of their regular pay.															
2. In putting in the formula for the Workmen's comp be sure to calculate your e-mod rate and your discounts to come up with an accurate amount for workmen's comp.															
3. Include the annual cost for all insurances that are paid by the department. For this example only employee insurance is paid by the department. You will need to add in dependant coverage if the department pays it.															
4. If your department pays vision, life insurance, etc be sure to include it on the spreadsheet.															
5. To come with an hourly rate take the total and divide by 52(weeks in the year) and divide that by the employee's hours per week. This is your straight time rate.															
6. To come up with Overtime rate you must remove all the items that are a flat rate and not a %(usually all of the insurance rates).															
7. The overtime rate is the total without insurances divided by 52 (weeks in the year), divided by employee's hours per week and multiply by 1.5.															

Getting Organized

You must do a separate invoice for each fire. Overhead can be combined on one invoice. Equipment such as engines/tenders needs a separate invoice for each resource order.

Do to the time required to review and approve a claim and make payment or forward the invoices to the proper federal agency, departments must submit any documentation regarding a claim. If you have a claim you might want to consider doing a separate invoice for the claim so it does not hold up the processing of the invoice for the assignment. Be sure to make a note on the invoice that a claim will be filed on a separate invoice. Claims should be submitted no later than 14 days after the assignment with all relevant documentation. The appropriate ASFD District will respond with a determination in writing no later than 30 days from receipt of claim. If the Department wants an appeal of the District Forester's decision, they have 14 days to appeal. The appeal shall be in writing with the Departments reasoning as why an appeal is requested. This appeal shall be sent to the appropriate AZFD District and will be forwarded to the State Office. The State Office Fire Business Committee will review and provide a written determination to the department no later than 30 days from receipt of appeal. To expedite the process, all correspondence may be sent on letterhead via email.

When the crew brings the paperwork back to you it is usually mixed up and needs to be sorted. The information you need to get from the Engine Boss is the actual time they got to the station. Cooperators are allowed up to 1 hour for engine rehabilitation, 30 minutes for tender and no time for POV or other regular vehicles. If additional time is required, it must have written justification with documentation of the needed rehabilitation. If the time needs to be corrected have the Engine Boss change it and initial the change. The personnel are allowed time for rehab as long as it is not excessive. . If the CTR needs to be changed have the Engine Boss make the change and initial it.

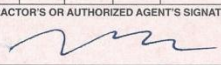
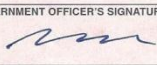
Check the CTRs to make sure that a break is shown every 6-8 hours. This does include travel time. They can't go over 8 hours without a break unless they have an approved justification such as "working an uncontrolled fireline". This must be noted on the CTR. Time on CTRs needs to be in military time.

If you have any lodging receipts they need to have the name of the personnel who stayed in the room. Following are examples of the paperwork that the crews will bring back:

[illegible]

E-284.1		Emergency FireFighter Time Report, OF-288				1. Identification Number F-2012-ID-BOF-000628-001483A																
		ORIGINAL				08/16/2012 - 09/02/2012																
2. Social Security Number		3. Initial Employment (X one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Type of Employment (X one) <input type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't Employee <input checked="" type="checkbox"/> Other		Official #01																
5. Transferred From		6. Hired At		7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit		8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No																
						9. Entitled To Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No																
ZIP CODE MUST BE ENTERED BELOW				IN CASE OF ACCIDENT NOTIFY																		
10. Name (First, Middle, Last) WILLIAM RANDY BLACK				15. Name																		
11. Street Address FAX: Phone				16. Street Address																		
12. City		13. State		14. Zip Code		17. City																
						18. State																
						19. Telephone No. (Include Area Code)																
20. FIRE LOCATION IDENTIFICATION																						
Column A		Column B		Column C		Column D																
1. Fire Name TRINITY RIDGE		1. Fire Name TRINITY RIDGE		1. Fire Name TRINITY RIDGE		1. Fire Name TRINITY RIDGE																
2. Fire No. ID-BOF-000628		2. Fire No. ID-BOF-000628		2. Fire No. ID-BOF-000628		2. Fire No. ID-BOF-000628																
3. Unit/Acct Code 0402 P4G4QD		3. Unit/Acct Code 0402 P4G4QD		3. Unit/Acct Code 0402 P4G4QD		3. Unit/Acct Code 0402 P4G4QD																
4. Fire Location BOISE		4. Fire Location BOISE		4. Fire Location BOISE		4. Fire Location BOISE																
5. State ID		5. State ID		5. State ID		5. State ID																
6. Firefighter Classification ENGB		6. Firefighter Classification ENGB		6. Firefighter Classification ENGB		6. Firefighter Classification ENGB																
7. Rate		7. Rate		7. Rate		7. Rate																
8. Date and Time a Year 2012		8. Date and Time a Year 2012		8. Date and Time a Year 2012		8. Date and Time a Year 2012																
Mo.	Day	Start	Stop	Hours	Mo.	Day	Start	Stop	Hours	Mo.	Day	Start	Stop	Hours	Mo.	Day	Start	Stop	Hours			
8	16	10:30	18:30	8.00	TVL	8	19	14:30	22:00	7.50	8	22	23:00	24:00	1.00	8	25	14:00	22:00	8.00		
8	16	19:00	22:30	3.50	TVL	8	20	06:00	14:00	8.00	8	23	00:01	02:00	2.00	8	26	05:30	13:30	8.00		
8	17	06:30	13:00	6.50	TVL	8	20	14:30	22:00	7.50	8	23	12:00	20:00	8.00	8	26	14:00	22:00	8.00		
8	17	13:30	21:00	7.50		8	21	06:00	14:00	8.00	8	23	20:30	22:00	1.50	8	27	05:30	13:30	8.00		
8	18	06:00	14:00	8.00		8	21	14:30	21:30	7.00	8	24	06:00	14:00	8.00	8	27	14:00	22:00	8.00		
8	18	14:30	21:30	7.00		8	22	06:00	14:00	8.00	8	24	14:30	22:00	7.50	8	28	05:30	13:30	8.00		
8	19	06:00	14:00	8.00		8	22	14:30	22:30	8.00	8	25	05:30	13:30	8.00	8	28	14:00	22:00	8.00		
9. Total Hours →				48.50		9. Total Hours →				54.00		9. Total Hours →				36.00		9. Total Hours →				56.00
10. Gross Amount (Item 7 x item 9) →						10. Gross Amount (Item 7 x item 9) →						10. Gross Amount (Item 7 x item 9) →						10. Gross Amount (Item 7 x item 9) →				
11. Inclusive Dates →		8/16 - 8/19				11. Inclusive Dates →		8/19 - 8/22				11. Inclusive Dates →		8/22 - 8/25				11. Inclusive Dates →		8/25 - 8/28		
12. Time Officer's Signature						12. Time Officer's Signature						12. Time Officer's Signature						12. Time Officer's Signature				
13. Date Signed						13. Date Signed						13. Date Signed						13. Date Signed				
21. Show "H" for Hazard Pay and "E" Plus % for Environmental Differential in the "HOURS" Column for Regular Employees										22. Commissary Record												
A. Com. BO 2600	B. Rate	C. Miles/Yr Hours	D. Accounting Classification (a) (b) (c)	E. Object Class (a) (b) (c)	F. Amount	24. ADO Check Number and Stamp																
			0402 P4G4QD																			
					Gross																	
					Salary																	

Equipment Shift Tickets- Put these in date order and tape two to a page onto a blank piece of paper. Make sure you tape these so they will go easily through a copy machine.

EMERGENCY EQUIPMENT SHIFT TICKET									
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. E-284									
1. AGREEMENT NUMBER 02-1755-12				2. CONTRACTOR (name) Summit Fire District					
3. INCIDENT OR PROJECT NAME Trinity Ridge				4. INCIDENT NUMBER FD-BOF-000628		5. OPERATOR (name) William Black			
6. EQUIPMENT MAKE International				7. EQUIPMENT MODEL T-3		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER 2696				10. LICENSE NUMBER G 785FA		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO/DAY/YR 8/28/12		13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) START STOP WORK SPECIAL 0600 2200 16		14. REMARKS (released, down time and cause, problems, etc.)					
15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor									
16. INVOICE POSTED BY (Recorder's Initials)									
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 				18. GOVERNMENT OFFICER'S SIGNATURE 			19. DATE SIGNED 8/30/12		

NSN 7540-01-119-5628 50297-102

OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI

Emergency Equipment Use Invoice – The Engine Boss signs these as contractor and the receiving officer signature is the equipment person in Finance. If this is an initial attack fire you may not have this form.

ORIGINAL
(8/16/2012 - 9/2/2012)

Emergency Equipment - Use Invoice Invoice #: 12-ID-BOF-000628-000221A Page 2 of 2
This invoice has not received a final audit and is subject to change prior to payment Official #: 01

1. CONTRACTOR (Name and address) SUMMIT FIRE DISTRICT 8905 N KOCH FIELD RD FLAGSTAFF AZ 86004				2. INCIDENT OR PROJECT NAME TRINITY RIDGE ID-BOF-000628			
3. AGREEMENT NUMBER (From OF-294) 02-1755-12				4. EFFECTIVE DATES OF AGREEMENT a. Beginning: 4/1/2012 b. Ending: 4/1/2014			
5. EQUIPMENT (List make, model, serial no., etc.) ENGINE, TYPE 3 Unique ID: G785FA Make: 2007 INTL Model: T3 ENGINE				6. POINT OF HIRE (Location when hired) FLAGSTAFF, AZ			
7. DATE OF HIRE 08/16/2012				8. TIME OF HIRE 0800			
9. ADMINISTRATIVE OFFICE FOR PAYMENT AZ STATE FORESTRY FLAGSTAFF 3650 LAKE MARY RD FLAGSTAFF AZ 86001				10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
11. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				12. RESOURCE ORDER NUMBER E-284			

13. YEAR 2012		14. WORK OR DAILY RATE			15. SPECIAL RATE			16. TOTAL AMOUNT EARNED (14a x 13c)		17. GUARANTEE		18. AMOUNT	
MO	DA	a. UNITS WORKED (HOURS/DAYS)	b. RATE	c. AMOUNT	a. UNITS WORKED (HOURS/DAYS)	b. RATE	c. AMOUNT						
8	24	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	
8	25	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	
8	26	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	
8	27	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	
8	28	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	
8	29	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	
8	30	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	
8	31	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	
9	1	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	
9	2	16.00	\$130.00	\$2,080.00				\$2,080.00				\$2,080.00	

19. CHARGE CODE P4G4QD		20. OBJECT CODE		23. GROSS AMOUNT DUE \$20,150.00	
21. EQUIPMENT WAS <input checked="" type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN Date: 9/2/2012 Time: 17:00		24. ITEM 23 FROM PREVIOUS PAGE \$19,760.00		25. TOTAL AMOUNT DUE \$20,150.00	
22. REMARKS FINAL None Prior Partial Payments		26. DEDUCTIONS (attach statement) \$0.00		27. ADDITIONS (attach statement) \$0.00	
		28. NET AMOUNT DUE \$20,150.00			

29. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "NET AMOUNT DUE" LINE 28. CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.

30. CONTRACTOR'S SIGNATURE William Black		31. DATE 9/1/12		32. RECEIVING OFFICER'S SIGNATURE Walter S. Okamoto		33. DATE 09/01/2012	
34. PRINT NAME AND TITLE William Black E-284				35. PRINT NAME AND TITLE Walter S. Okamoto E-284			

Printed: 09/01/2012 06:08 Date Form Modified: 5/17/07 OPTIONAL FORM 286

Receipts – Put the receipts in date order and tape to a piece of paper in order not to lose them. Original receipts for rental cars, lodging and plane tickets must be sent in with the paperwork. Receipts for meal reimbursements do not have to be sent in but you must keep them in the file. These receipts must be available for audits for three years from time costs were incurred. If you are audited by the State and you can't show the receipts for meals you will be required to pay the State back the amount of the receipts.

**** Note:** Make sure your department has rental cars covered in the department insurance policy. Be aware that rental companies will charge a fee for "loss of business" if anything happens to the rental car and most insurance companies will not pay this fee. Rental car insurance for Cooperators may be reimbursable IF the department's insurance indicates that they do not cover rental cars in their coverage. This letter must be on file at State Forester's Office prior to purchasing insurance.

Resource Order- You must have a resource order. You will need to call State Dispatch and have them send you the demob (final) resource order. Make sure all the information is correct. Make sure the vehicle plate number matches the equipment that went. Call State Dispatch to make any corrections on the Resource Order. They may need to put the information in the user documentation section. If your employee has a rental vehicle make sure it shows they are authorized for a rental vehicle on the resource order. Check the times to see if the release date and time come close to what the CTR and Equipment Shift tickets show. If the ending time is incorrect (more than a few hours) call State Dispatch and request they put the correct time in remarks. Here is an example of the resource order- The D (for Demobed) is highlighted.

Page 1 of 2Run Date: 9/19/2012
17:56 CDT

It is helpful to have a workbook in excel to use when creating a bill with the following spreadsheets:

- Invoice- This is where the information is entered to create an invoice for State Forestry
- Time Card/worksheet calculator-
- Engine Hours- This is a spreadsheet to enter the hours for the engine. This is optional but it can help to balance the hours on the Equipment Shift Ticket and the Equipment invoice.
- Personnel Hours- This is a spreadsheet to enter the hours for the personnel. This is optional but can help to balance the hours on the CTRs and the Firefighter Time Report.

- Travel- This is where you track what can be charged for lodging and meal reimbursement
- Backfill- This is where you create the rate for each person backfilling for personnel on the assignment.

EQUIPMENT

Things to check on Emergency Equipment Shift Tickets: See getting organized for example.

- Make sure you have your agreement number from your cooperative agreement in Box 1
- Your department name in box 2
- The incident (fire) name in box 3
- The incident number in box 4
- The operator (engine boss) in box 5
- The equipment make in box 6
- The equipment model in box 7
- Contractor checked off in box 8
- The equipment serial number in box 9
- The license number in box 10 – **This needs to match what is on the resource order and what is on your cooperator agreement.**
- Contractor (wet) checked in box 11
- Make sure you have the dates and times in box 12 & 13.
- Box 15 Equipment status should have inspected and under agreement checked until the last day and then the box b. released by government should be checked.
- The Engine Boss or operator needs to sign box 17.
- Box 18 needs to be signed by a government official. If this is an initial attack fire this can be signed by the Chief or other officer of the department.
- Box 19 is the date it was signed.
- Make sure the E- number of the equipment is in the upper left corner. There is not a box for it but it needs to be written in that corner.

Enter the hours from the Equipment Shift Ticket onto the spreadsheet to come up with the total hours. Below is an example of a spreadsheet with hours entered. In this example they started at 10:30 and ended at 22:30 on 8/16. Enter 15 minutes as .25, 30 minutes as .50, and 45 minutes as .75.

Engine Hours

Date	Start	Finish	Hours
08/16/12	10.5	22.5	12
08/17/12	6.5	21	14.5
08/18/12	6	21.5	15.5
08/19/12	6	22	16
08/20/12	6	22	16
08/21/12	6	21.5	15.5
08/22/12	6	24	18

08/23/12	0	2	2
08/23/12	12	22	10
08/24/12	6	22	16
08/25/12	6	22	16
08/26/12	6	22	16
08/27/12	6	22	16
08/28/12	6	22	16
08/29/12	6	22	16
08/30/12	6	22	16
08/31/12	6	22	16
09/01/12	6	22	16
09/02/12	6	14	8
Total:			271.5

The total hours are 271.5 for the engine. When you enter this on the invoice it should balance to the amount on the Emergency Equipment Use Invoice. If it does not balance, go through day by day and see if the invoice has an incorrect time on it. You can make corrections on the invoice and initial it. Corrections on the Equipment Shift Ticket can only be made by the engine boss and you need his initials next to any corrections.

NOTE:

1. The travel days should have a (T) on the days of travel.
2. **Equipment does not take a break.** Even though the CTRs may have 0600-1200 and 1230-2200 for the times the Equipment shift tickets would have 0600-2200. If breaks are shown on the Equipment Shift Tickets you can bill straight through.
3. Make sure the times match the CTRs. The last day the engine may be less than the personnel due to rehab standards.
4. If the equipment breaks down the time stops when it breaks down and this must be noted on the Equipment shift ticket in remarks.

If your equipment is paid mileage it must have the beginning and ending odometer readings on the Equipment Shift Ticket. Be sure to check the math.

If your equipment is paid a daily rate make sure the first and last day they have had at least 8 hours under hire. Time under hire is based on a calendar day from midnight to midnight. Time for the first day is calculated beginning when they start the assignment until midnight. If it is under 8 hours they would get a half day rate. The last day it goes from midnight until their time stops. If it is under 8 hour they would get a half day.

Enter this information on the invoice and make sure it balances to your Equipment use invoice.

PERSONNEL TIME

Things to check for on the Crew Time Reports (CTRs)- see getting organized for example.

- All times should be in military time
- If the shift worked through midnight the time needs to be shown on two days.
- Breaks are taken every 6-8 hours unless “working uncontrolled fireline” is documented on the CTR.
- Make sure box 12 on the CTR is signed by a supervisor. **Employees listed on the CTR cannot sign** the CTR as the supervisor. If this was initial attack have the department chief or other officer sign the CTR.
- If a crew worked over 16 hours on a shift they should have a justification signed by the Incident Commander or immediate supervisor if it was after initial attack- the 1st operational period.

Enter the times from the Crew Time Reports (CTRs) to a spreadsheet in order to check the hours. Below is an example of a spreadsheet for personnel hours. It is helpful to balance the hours but it is optional.

PERSONNEL HOURS

Date	Start	Finish	Hours
08/16/12	10.5	18.5	8
	19	22.5	3.5
08/17/12	6.5	13	6.5
	13.5	21	7.5
08/18/12	6	14	8
	14.5	21.5	7
08/19/12	6	14	8
	14.5	22	7.5
08/20/12	6	14	8
	14.5	22	7.5
08/21/12	6	14	8
	14.5	21.5	7
08/22/12	6	14	8
	14.5	22.5	8
	23	24	1
08/23/12	0	2	2
08/23/12	12	20	8
	20.5	22	1.5
08/24/12	6	14	8
	14.5	22	7.5
08/25/12	5.5	13.5	8
	14	22	8
08/26/12	5.5	13.5	8
	14	22	8

08/27/12	5.5	13.5	8
	14	22	8
08/28/12	5.5	13.5	8
	14	22	8
08/29/12	5.5	13.5	8
	14	22	8
08/30/12	5.5	13.5	8
	14	22	8
08/31/12	5.5	13.5	8
	14	22	8
09/01/12	6	14	8
	14.5	22	7.5
09/02/12	6	14	8
	14.5	15	0.5
			0

Total: 266.5

Make sure the hours balance to the hours on the Emergency Firefighter Time Reports (see example in Getting Organized Section). If there is a discrepancy you will need to go through day by day to determine if the Firefighter Time Report is incorrect. You can make corrections on this report. Draw a line through the error and make the correction. Be sure to initial your correction.

If there is an error on a CTR it would need to be corrected by the Engine Boss or employee and initialed by them.

You are now ready to create time cards/work calculator for the personnel. How you do this depends on how your shifts work on district. For this example the crew works 24 hour shifts in district and the shifts start at 0800 and go to 0800 the next morning.

For 24 hour shift employees the state will pay for the 24 hour shift and any hours outside those shift hours are overtime.

Any Holiday pay is paid the same as you would in district. As an example, for Summit Fire District, employees are paid holidays on their regular schedule at time and a half. If it is not their regular schedule and they work a holiday they are paid double time. You will need to provide a copy of your Holiday Pay Policy to the State.

Below is an example of the time card used at Summit Fire District. This time card is color coded to show the different shifts. Your time card should have the Straight time and Overtime rates on it. These are the rates you charge the State.

Enter the straight time and overtime hours for personnel on the invoice. These hours must be listed **separately for each employee.**

NAME OF FIRE DEPARTMENT

Name: Enter Employee Name
Fire Name: Enter Fire Name

Fire Dates: enter dates of fire

FIRE TIME SHEET

Rate:
ST: enter state billing straight time rate
OT: enter state billing OT rate

Shift Days				B Shift				OT		enter state billing OT rate		
Date	8/16	8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25	8/26	Total
ST			16	24	8				16	24	8	96
OT	11.5	14	2		13.5	15	17	11.5	2		13.5	100
Total Hrs Worked	11.5	14	15	15.5	15.5	15	17	11.5	15.5	16	16	162.5

Note: On the Date line - enter the dates of the fire and shade the cells to match their shift if they are shift workers. The Total hours worked are the hours the employee worked on the fire. This should balance to the CTR and Firefighter Time Report.

Note:

1. If equipment breaks down the time for the equipment stops at the time of the breakdown.
2. The department will need written documentation for approved R&R from the incident commander and the state must have a copy of your R&R policy.

BACKFILL

The State will pay for backfill of the personnel on the fire. They will pay the difference between the person on the fire and the one backfilling. In order to come up with a rate for backfill, you would use the rate for both that is with benefits. You take the overtime rate for the person backfilling and subtract the straight time rate for the person on the fire. This is the rate for the Backfill. See the spreadsheet below.

Required backfill is expected to be only applied to full time responding fire station shift employees at the battalion chief to firefighter level. The State does not expect backfill charges for fire chiefs, assistant chiefs, division chiefs, training chiefs, administrative chiefs, or other support and administrative personnel. Exceptions to this must have some justification attached to the invoice.

DEPARTMENT NAME HERE

BACKFILL RATE SHEET

Fire Name: ENTER NAME OF FIRE

Personnel: ENTER PERSON BACKFILLING

enter burden OT

OT Rate: \$ 27.44 rate,backfill employee

Covered For:	Date	Hourly Rate ST	Billing Rate - OT rate - ST rate
Employee on Assignment	date of backfill	\$ 21.42	\$ 6.02
Employee on Assignment	date of backfill	\$ 20.32	\$ 7.12
Employee on Assignment	date of backfill	\$ 20.32	\$ 7.12
Employee on Assignment	date of backfill	\$ 20.32	\$ 7.12

There should be one sheet for each person backfilling.

On the Invoice enter the name of the person backfilling, job title, who he backfilled for and the date he backfilled.

Enter the number of hours, rate and total amount.

TRAVEL

When putting in for travel reimbursement you use the Arizona State Lodging rate for in state travel and the Federal Lodging rate for out of state travel. You use the State Reimbursement rate for all meals both in and out of state. You can find the Federal Lodging Rate at www.gsa.gov/perdiem and the state rate at www.gao.az.gov/travel/. The amount that is reimbursed depends on where they stayed or where they ate.

Lodging

Find the rate that applies to where they stayed. The State will not reimburse for any extra charges such as phone/internet, safe fee, resort fees etc. Advise your personnel when they check out to have any of those fees removed. If the hotel/motel will not remove the fee they should get something from the hotel/motel that indicates they will not remove the fee. If these fees have to be paid they are above the allowed rate along with taxes. You must subtract these fees from the amount of the bill. If the rate is more than the allowed amount you can only charge for the allowed amount plus taxes. Make adjustments on the taxes so you are billing the appropriate tax amount for the allowed charges. The amount allowed is excluding taxes so if you are allowed \$69.00 for lodging you can be reimbursed the 69.00 plus taxes you paid. Rooms that have multiple personnel occupying may exceed the individual single room rate as long as the total allowable charges are below the individual room rate when divided by the number of occupying individuals.

Note: You must have an itemized receipt from the hotel/motel. Credit card receipts are not acceptable for reimbursement of lodging.

Enter the Date and the hotel name and the amount on the invoice under Supplies, Travel, and Miscellaneous.

Meals

For in state assignments the department is responsible for meals for the first 12 hours.

Find the rate that applies to where they ate. You can be reimbursed for the meal up to the amount allowed. You need to have receipts for the meals. You do not need to turn these in with the paperwork to the State but if you are audited and do not have a receipt you will be required to pay that money back to the State. These receipts must be available for audits for three years from time costs were incurred.

Fill out a spreadsheet like the one below. This will show how you came to the rate you billed for travel reimbursement. Enter the date, the employee or crew name (example: Martinez Crew) and the city and county of the expense. Look up the allowed rate and put that under breakfast, lunch, dinner and lodging for your applicable charges.

Meals & Lodging				ALLOWED RATES			
Date	Name	Location	County	Breakfast	Lunch	Dinner	Lodging
	Personnel or crew name	City	County				

Enter the itemized reimbursement amounts on the invoice under Supplies, Travel, and Miscellaneous.

CLAIMS

Claims can be filed for equipment that has been damaged due to the fire. If a piece of equipment has been damaged the crew must get an S number while on the fire for replacement or repair of the equipment. Get a copy of the resource order for the S number.

The acquisition of an S number does not guarantee the claim will be paid. The crew needs to go Comp Claims at the fire to initiate a claim for the repair or replacement. They need to get as much documentation to back up the claim as possible. This would include photos, witness statements and a complete written document by the Engine Boss and crew as to what happened that caused the damage. The better the documentation the better the chance the claim would be paid. The State requires that you have witness statements from people other than your employees if possible.

Claims should be submitted no later than 14 days after the assignment with all relevant documentation. The appropriate ASFD District will respond with a determination in writing no later than 30 days from receipt of claim. If the Department wants an appeal of the District Forester's decision, they have 14 days to appeal. The appeal shall be in writing with the Departments reasoning as why an appeal is requested. This appeal shall be sent to the appropriate AZFD District and will be forwarded to the State Office. The State Office Fire Business Committee will review and provide a written determination to the department no later than 30 days from receipt of appeal.

It is best to do a separate invoice for claim. If it is on the same invoice as the rest of the fire, the claim could hold up payment until it is reviewed by the state to determine if they will pay the claim. Make sure to put on the invoice that a claim will follow on a separate invoice.

Any injury or illness claim must be run through the departments Workmen's Comp Policy.

SUBMITTING THE BILL

All the supporting documentation needs to be in a neat order. Put all the paperwork that references personnel, equipment, travel, etc. together. Remember the easier it is for the State personnel to go through the invoice the faster they can process it for payment. The State personnel will audit the invoice and may call for clarification on the invoice.

Documents that must be in the packet:

- Signed Invoice – This must be signed by an officer of the department.
- Original Lodging Receipts if applicable
- Travel Form if applicable
- Original Equipment Shift Tickets- pink copy
- Original Equipment Use Invoice if applicable
- Original Crew Time Reports (CTR)
- Original Firefighter Time Reports if applicable
- Time Cards/Work Calculator
- Backfill Reports
- Resource Order
- Wildland Report if it is an initial attack fire on state land
- Written recommendation from Incident Commander for R/R if assignments are 14 days or more not including travel (if applicable)
- Justifications for hours over 16 other than initial attack (if applicable)

Note: Invoices should be submitted within 30 days of the end of the assignment. If an invoice is received by the State after 90 days it is subject to refusal. **Be sure to include the invoice number from your department.**

CONTACT INFORMATION

Arizona State Dispatch 800-309-7081

Arizona Fire Chief Association- Wildland Committee Chairman –

Don Howard

Summit Fire District

928-526-9537

e-mail: dhoward@summitfiredepartment.org

Wildland Finance Subcommittee Chairperson

Tina Dillahunty

Summit Fire District

928-526-9537

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STATE FORESTRY CONTACT INFORMATION

DISTRICT 1 – PHOENIX

Fiscal Specialist (processes bills)

Christopher Budreski

602-771-1418

christopherbudreski@azsf.gov

District Forester

Jim Downey

623-445-0274 ext. 236

jimdowney@azsf.gov

DISTRICT 3- TUCSON

Fiscal Specialist (processes bills)

Debra Stanley

520-628-5480 ext. 206

debrastanley@azsf.gov

District Forester

Eugene Beaudoin

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genebeaudoin@azsf.gov

Tina Waddell – Supervisor for Christopher Budreski and Debra Stanley

602-542-4490

tinawaddell@azsf.gov

DISTRICT 2 – FLAGSTAFF

Fiscal Specialist (processes bills)

Shannon Kelly

928-774-1425

shannonkelly@azsf.gov

District Forester

Kevin Boness

928-774-1425

kevinboness@azsf.gov

DIRECT DEPOSIT

Direct Deposit is available to department. To sign up your department you will need an ACH Vendor Authorization Form. This form is available at the GAO Website. Go to www.gao.az.gov. Click on online forms to the left. Click on ACH and vendor forms. Below is a copy of the form.



State of Arizona - Department of Administration - General Accounting Office (GAO)
ACH Vendor Authorization - Attn: Vendor Setup - 100 N 15th Ave, STE 302, Phoenix, AZ 85007

Please notify all State agencies that you do business with of any ACH requests

Section 1	REQUEST TYPE <input type="radio"/> New <input type="radio"/> Change <input type="radio"/> Cancellation, Cancellation Reason: _____
Section 2	PAYEE IDENTIFICATION Federal Employer's Identification Number (EIN) _____ - _____ OR State Employee EIN _____ OR Social Security Number (SSN) _____ - _____ Payee's Name _____ Phone _____ Ext _____ Address _____ City _____ State _____ Zip Code _____ Disclosure of your social security number is voluntary pursuant to 42 U.S.C. 405(c)(2)(C). The State of Arizona will use your SSN or EIN to file required information returns with the Internal Revenue Service.
Section 3	CHANGE INFORMATION-FOR CHANGE REQUEST ONLY Changing: <input type="checkbox"/> Financial Institution <input type="checkbox"/> Account Type <input type="checkbox"/> Account Number <input type="checkbox"/> Authorized Signers Previous Financial Institution: _____ Previous Account Type: _____ Previous Account Number: _____ <input type="radio"/> Checking <input type="radio"/> Savings
Section 4	AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION Pursuit to A.R.S. Sec. 35-185, I authorize the Arizona Department of Administration (ADOA), General Accounting Office (GAO) to process payments owed to me by the State of Arizona (State) via Automated Clearing House (ACH) deposits. The State shall deposit the ACH payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or my electronic payments may be erroneously made. I authorize the State to withdraw from the designated account all amounts deposited electronically in error in accordance with NACHA rules and timelines. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the State to withhold any payment owed to me by the State until the erroneous deposited amount are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ADOA-GAO. The change or revocation is effective on the day the ADOA-GAO processes the request. I certify that I have read and agree to comply with the State's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form. I authorize the State to stop making electronic transfers to my account without advance notice. I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, that all information provided is accurate. Name _____ Authorized Signature (Required) _____ Title _____ Date _____ Additional Authorized Signers Name _____ Authorized Signature _____ Title _____ Date _____ Name _____ Authorized Signature _____ Title _____ Date _____ Name _____ Authorized Signature _____ Title _____ Date _____ I would like to receive addendum records in the following format: <input type="radio"/> CTX <input type="radio"/> CCD <input type="radio"/> CCD+ Please Note: If your financial institution is unable to receive addendum information, detailed information can be obtained online at http://venpay.gao.azdoa.gov . -----If State Employee, attach a cancelled check here-----
Section 5	FINANCIAL INSTITUTION (Must be completed by a financial institution representative) -FOR NEW OR CHANGE REQUEST ONLY Financial Institution Name _____ Phone _____ Ext _____ Address _____ City _____ State _____ Zip Code _____ Routing Transit # _____ Customer Account # _____ Account Type <input type="radio"/> Checking <input type="radio"/> Savings Financial Institution Representative Name _____ Title _____ Signature (Required) _____ Date _____ Phone _____ Ext _____
Section 6	GAO USE ONLY Verified by and date _____ Entered by and date _____ Vendor # _____ MC _____ Prenote date _____ Input verified by _____ Approved by _____

GAO-618 ACH Vendor Authorization (03/12)